

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/330,763	06/22/99	422	1742	STEU-2666

APPLICANT

THOMAS D. TAGGART, SOUTH WALES, NY.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/118,404 02/02/99

Checked

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

None

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/07/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>is</u>		NY	14	38	5
Examiner's initials			Initials			

ADDRESS

ARLEN L OLSEN  
SCHMEISER OLSEN & WATTS  
3 LEAR JET LANE SUITE 201  
LATHAM NY 12110

#5409

TITLE

APPARATUS AND METHOD FOR PROVIDING STERILIZATION ZONES IN AN ASEPTIC  
PACKAGING STERILIZATION TUNNEL

FILING FEE  
RECEIVED

\$620

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

<input type="checkbox"/>	All Fees
<input type="checkbox"/>	1.16 Fees (Filing)
<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)
<input type="checkbox"/>	1.18 Fees (Issue)
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Credit _____